

## PART B - FEE(S) TRANSMITTAL

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7590

06/29/2004

JOHN ROSS  
 TREX ENTERPRISES CORPORATION  
 10455 PACIFIC CENTER COURT  
 SAN DIEGO, CA 92121

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JOHN R. ROSS	(Depositor's name)
<i>John R. Ross</i>	(Signature)
7/20/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/834,731	04/13/2001	Donald Bruns	1092-PA368	3976

TITLE OF INVENTION: APPARATUS AND METHOD FOR ALIGNING FIBER ARRAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, KHIEM M	2839	385-080000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 CARY EASTMAN

2 \_\_\_\_\_

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TREX ENTERPRISES  
CORP.

SAN DIEGO, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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07/23/2004 WABDEL3 00000027 09834731

01 FC:2501

665.00 OP

07/23/2004 WABDEL3 00000028 09834731

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